

# Mental Health Disabilities



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## OVERVIEW

This technical assistance guide (TAG) provides information for center staff on management of students with mental health disabilities.<sup>1</sup> Interested staff may include the Center Mental Health Consultant (CMHC), Health and Wellness Director (HWD), Disability Coordinator, Career Counselor, and Center Physician.

The determination of whether an individual has a mental health disability should not require extensive analysis. A mental health disability is any mental, psychological or conduct disorder, such as intellectual disability, traumatic brain injury, emotional or mental illness, and specific learning disabilities, that substantially limits one or more major life activities; a record (or past history) of such an impairment; or being regarded as having a disability.<sup>2</sup> Major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working.

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<sup>1</sup> Psychotic disorders, mood disorders, anxiety disorders, and personality disorders.

<sup>2</sup> The Americans with Disabilities Act Amendments Act (ADAAA) went into effect on January 1, 2009. This Act makes it much easier for an individual to meet the definition of disability, be protected from discrimination, and be entitled to reasonable accommodations. Changes to this act applied to all federal disability non-discrimination laws including the Workforce Investment Act and Section 504 of the Rehabilitation Act that apply to Job Corps. While these laws are not identical, they are consistent, and have been modified to conform to the ADAAA. While all regulations that apply to Job Corps have not been changed, the ADAAA changes still apply to those regulations.

## AFFECTIVE AND COGNITIVE IMPAIRMENTS

Mental health disabilities can be primarily categorized into two areas—*affective impairment and cognitive impairment*.

- **Affective impairments** are often called mood disorders, emotional disorders, or psychiatric illnesses. Examples are depression, bipolar disorders, schizophrenia, personality disorders, anxiety disorders, and post-traumatic stress disorder. For general information on affective impairments, visit the Job Corps [disABILITY Common Disabilities and Related Accommodation Resources](#) webpage.
- **Neurodevelopmental impairments** have to do with how an individual processes information and environmental stimuli. Examples are learning disabilities, attention deficit hyperactivity disorders, and intellectual disabilities. For more information about neurodevelopmental impairments, see the Job Corps [disABILITY Common Disabilities and Related Accommodation Resources](#) webpage.

This section focuses on how to support students with ***affective impairments***.

The determination of whether an impairment substantially limits a major life activity requires an individualized assessment. The term “substantially limits” should be applied broadly. An impairment is a disability if it substantially limits the ability of an individual to perform a major life activity as compared to most people in the general population. The impairment may be episodic and still meet the definition of a disability if it substantially limits a major life activity – this included disorders such as major depression, bipolar disorder and other mental health disorders. Mental health disabilities may affect functioning in many different ways.<sup>3</sup>

### Functional Limitation Examples

- **Unable to Ignore Environmental Stimuli**—Inability to ignore sounds, sights, or odors that interfere with focusing on tasks
- **Sustaining Concentration**—Restless, shortened attention span, easily distracted, difficulty remembering verbal instructions
- **Maintaining Stamina**—Lack of energy, drowsy due to medications, slower pace
- **Managing Deadlines and Multiple Tasks**—Difficulty prioritizing tasks, meeting deadlines, organizing
- **Interacting Socially**—Difficulty reading social cues, fitting in, getting along, maintaining interpersonal relationships
- **Responding to Negative Feedback**—Trouble accepting and understanding criticism, withdraws because does not know how to change
- **Dealing with Change**—Upset by instructor changes, coursework changes, or changes in examination dates
- **Meeting self-care needs**—Problems with hygiene or grooming

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<sup>3</sup> This is not a complete list of limitations and the limitations listed do not apply to every person with mental health disabilities. From [Boston University Center for Psychiatric Rehabilitation](#).

## APPLICANT FILE REVIEW PROCESS FOR APPLICANTS/STUDENTS WITH MENTAL HEALTH DISABILITIES

The applicant file review process begins with HWD who conducts an initial review of the health documentation in the individual applicant's folder, including ETA Form 6-53 and the medically related supporting documentation that has been submitted with it. The HWD will also conduct an initial direct threat review of the applicant's file and determine who else may need to review the file based upon his or her determination of "need to know." This is the center's applicant file review team (FRT) and will include the CMHC to review mental health related information to determine if a health care needs assessment or a direct threat assessment is necessary or if there is a need to revisit the eligibility factors.

[Form 1-07 Applicant File Review Guidance - Center Process](#) of the PRH provides information specific to the file review process.

Centers can only **recommend** denial of enrollment because of the following reasons:

- **Direct threat.** [Form 2-04 Individualized Assessment of Possible Direct Threat](#) includes instructions and the form to complete a recommendation for denial based on direct threat.
- **The center cannot meet the applicant's healthcare needs.** [Form 2-05 Health Care Needs Assessment](#) includes instructions and the form to complete a recommendation for denial based on the center not being able to meet the applicant's health care needs.
- **New information demonstrating that the applicant does not meet one of the Job Corps Eligibility Requirements.** See [Exhibit 1-1 Job Corps Eligibility Requirements](#) for additional information.
  - a. The center staff person and the regional reviewer completing the review must essentially place themselves in the role of the Admissions Counselor (AC).
  - b. They must recognize that he or she only has the same authority to assess eligibility criteria in exactly the same way as the AC did the first time around. Remember, improper re-visitation of an Eligibility Requirements may mean that the initial conditional offer of enrollment was not a genuine one. That could be a legal concern.

Behavioral and Mental Health Case Studies (Appendix) provides examples of mental health file reviews with likely disposition by the CMHC.

## REASONABLE ACCOMMODATION CONSIDERATION FOR APPLICANTS/STUDENTS WITH MENTAL HEALTH DISABILITIES

Making the Job Corps program accessible to persons with mental health disabilities may require providing reasonable accommodation. Reasonable accommodation allows the person with a disability to participate in the Job Corps program to an equivalent degree of his/her non-disabled peers and usually involves the provision of an appropriate service or product, or the modification of a job, work/academic environment, policy, program, or procedure. Job Corps provides the opportunity for a person with a mental health disability to request accommodation at any time during his/her application to, or enrollment in the Job Corps program. More information on the Reasonable Accommodation Process is available on the [Disability Program Requirements Resources](#) webpage.

Students with the same diagnosis may require very different accommodations. In addition, accommodations for a student should be provided based on an assessment of the student's strengths and weakness, medications, etc., **and not the specific disability**. Sample accommodations for students with mental health disabilities is available on the [Common Disabilities and Related Accommodation Resources](#) webpage.

### Sharing Information

As defined by the Health Insurance Portability and Accountability Act (HIPAA), student health information is considered protected information and as such may only be shared on a "need to know" basis or as required by law (imminent threat to self or others). A signed release of information is required by the student or guardian to obtain or release medical information. Information may be shared regarding recommendations and accommodations with academic or other center staff, but information regarding diagnosis or treatment would be limited to Health and Wellness Center (HWC) staff.

### Psychotropic Medications

The use of psychotropic medications is a common and often effective treatment for many individuals with mental health disabilities. Individuals on various types of prescribed medications may enter and remain in Job Corps as long as their condition is stabilized. There is no differentiation between the requirements regarding the use of prescribed psychotropic medications and that of other types of prescribed medications in terms of eligibility for enrollment. When first prescribing many psychotropic medications, most primary care practitioners prefer that a psychiatrist diagnose and provide initial treatment. Once the student is stable on the medication, generally the primary care practitioner is willing to continue the prescribing of most categories of medications. It is important that HWC staff have some familiarity with the various management issues for each of the classes of psychotropic medications.

## TRANSITION PLANNING FOR STUDENTS WITH MENTAL HEALTH DISABILITIES

Transition planning is designed to prepare the student for employment, independent living, and other activities of adult life. In addition to acquiring self-determination and self-advocacy skills, students with mental health disabilities must also consider what, if any, supports they may need in the workplace, the community, and/or in their living environment.

### Developing a Transition Plan

Each student with a mental health disability should have a Reasonable Accommodation Committee (RAC) meeting(s) that focuses on developing a transition plan. Areas where the student may need support (e.g., employment, transportation, personal/independent living, community, and recreational/social) should be discussed.

Questions that may help identify a student's particular transition needs include:

1. What supports does the student currently have in place and will the student need to take those supports with him/her when leaving the program?
2. Does the student have any assistive technology needs? If so, must they be portable in design?
3. Does this student need further training? If so, what types and what are his/her options for securing this training?
4. Does the student receive disability income? If so, are there any special considerations that the student should be aware of (e.g., time frames, discontinuation of income, medical insurance, etc.)?
5. Will the student need accommodation in the workplace? Is the student prepared to disclose his/her disability to request these accommodations, and does he/she possess the necessary information to document the need for accommodation?
6. Are there any partnering support agencies that will begin or continue to provide support after the student exits the program (e.g., Vocational Rehabilitation, etc.)?<sup>4</sup> Have steps been taken to ensure coordination or continuation of services?
7. Is the student aware of community adult mental health services and resources that can assist him/her should the need arise? Have medical/mental health referrals been made?
8. Will the student's family be able to provide any support after the student leaves the program?

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<sup>4</sup> Any external entity (e.g., VR, community mental health program, family members) that may be assisting the student after exit from the program should be invited to participate in transition planning for the student with the student's permission.

9. Is the student interested in participating in support, recreation, or social groups and is he/she aware of activities available in his/her community?

10. Are there any special household, transportation, or independent living needs?

All transition issues should be resolved and resources in place before the student is separated from the program. Many of the accommodations students with mental health disabilities need for Job Corps will carry over to the workplace. For example, issues with social interaction, stamina/pace, and tolerating stress will still be issues for the student, likely more so since the workplace will not likely be as supportive an environment as Job Corps. Since Job Corps staff has worked with the student in a vocational setting, they may be able to assist employers in identifying the limitations and suggesting effective accommodations. In addition to assisting employers with reasonable accommodation issues, Job Corps staff may also provide some education to employers about hiring people with disabilities.

**Reasonable accommodations in the workplace may include:**

- Restructuring jobs/modifying job duties
- Adjusting work schedules to allow time off for therapy or medication side effects
- Flexible leave and scheduling
- Assistive devices (e.g., reminder system, record-keeping system, headphones)
- Modifying work site
- Job coach to assist in hiring or on the job
- Changes in procedures (e.g., allowing extra time for training, modifying the way feedback and instructions are given)

**APPENDIX**  
**BEHAVIORAL AND MENTAL HEALTH CASE STUDIES**

## Behavioral and Mental Health Case Studies

**Scenario 1:** A 23-year-old male, who dropped out of high school freshman year, still lives with his mother and father, both of whom would really like to see their son begin a new life in Job Corps. While in school he was (1) diagnosed with ADHD, (2) chronically truant and oppositional with teachers and authority figures. At 16, he was caught with alcohol and cited. He has no other criminal history and background check is clean. The applicant has been unable to hold a job more than 4 months, with his last job at a fast food restaurant. He denies any present drug or alcohol use and his last IEP places him at the 7th grade level for math, reading, and writing.

**Disposition:** This applicant has no significant legal history and, therefore, is eligible for Job Corps. He is not an imminent danger to self or others and does not meet criteria for direct threat per Appendix 609. This applicant would likely be enrolled with considerations for reasonable accommodations.

**Scenario 2:** A 22-year-old female applicant was molested by an uncle while growing up and placed in foster care at 16 because her parents were unable to care for her. At 17 she assaulted a man with a knife in response to an alleged attempted rape. She was convicted of assault with a deadly weapon. She was offered multiple treatment programs but eventually went AWOL after a few weeks in each setting (3 settings). Each time she was found with prostitutes and pimps in an inner-city area of town. Her psychological evaluation, in juvenile hall, describes her as superficially appearing compliant but can become angry and enraged quite easily with poor coping skills. She also suffers from post-traumatic stress syndrome with uncontrolled impulsive behavior and daily panic attacks which is documented in the file.

**Disposition:** This applicant would need an interview with the CMHC and participate in the reasonable accommodation committee meeting. Based on the outcome of the interview with the CMHC and the RAC, the center would consider either a direct threat or health care needs assessment to be submitted to the Regional Office for disposition. If the applicant's current behavior and/or symptoms place her at imminent risk, then a direct threat assessment would be completed. If the applicant's current behavior and/or symptoms do not rise to the level of direct threat but there are still safety and/or health care management concerns, then a health care needs assessment should be completed. If the applicant's current behaviors and symptoms indicate she continues to have significant impulse control difficulties that impact her safety and the safety of others, even with consideration of reasonable accommodations she may be recommended for denial at this time.